PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

Application or Docket Number

10191/1894

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			24				RATE	FEE]	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			24 min	us 20=	• 4		X\$ 9=		OR	X\$18=	72		
NDEPENDENT CLAIMS			2_ mi	nus 3 =	. 0		X40=		OR	X80=			
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				105		1	.070			
ı lf	the difference i	+135=		OR		- 00							
"		TOTAL	<u> </u>	OR	TOTAL OTHER	782							
	CI	_AIMS AS A (Column 1)	MICHUED	(Colur	43	(Column 3)	SMALL I	ENTITY	OR	SMALL E			
AMENUMENI A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	.23	Minus	2	J.	= ~	X\$ 9=		OR	X\$18=			
	Independent	. 2	Minus	***	₹	-	X40=		OR	X80=			
_	FIRST PRESEN	NTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM		105			+270=			
			•				+135= TOTAL		OR OR	+270= TOTAL			
0		(Column 1) CLAIMS REMAINING		(Colur FIGH NUM	EST	(Column 3)	ADDIT. FEE	ADDI-		ADDIT. FEE	ADDI-		
		AFTER AMENDMENT		PREVIO PAID		EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	. 14	Minus	0	24	=	X\$ 9=		OR	X\$18=			
AMENOMEN	Independent	• /	Minus	***	3	=	X40=		OR	X80=			
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		+135=		OR	+270=			
							TOTAL		OR	TOTAL			
		(Calumn 1)		(Colu	mn 2)	(Column 3)	ADDIT, FEE]	ADDIT. FEE			
AMENDMENI C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	. 14	Minus	0	14	=	X\$ 9=		OR	X\$18=			
ME	Independent	• /	Minus	***	3	=	X40=	-	1	X80=	**		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								OR		-		
	If the entry in colu	mn 1 is lose than (the entry in coh	uma 2. writ	e "0" in o	olumn 3.	+135=		OR OR	+270= TOTAL			
•	"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									II II AL	=		

FORM PTO-875 (Rev. 8/00)

